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# **FAX COVER PAGE**

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Neeman Malek

Docket:

**UBI201** 

Serial No.:

10/626,847

Art Unit:

3676

Filed:

July 23, 2003

Examiner:

Michael J. Kyle

Assignee:

Pomeroy Incorporated

Conf. No.

1885

Title:

BLOCK AND TACKLE SASH BALANCE SHOE

Certificate of Mailing or Transmission by Facsimile

Date of Deposit August 5, 2005.

I hereby certify under 37 CFR 1.8(a) that the following correspondence (along with any paper referred to as being attached or enclosed) is being mailed or transmitted via facsimile to (703) 872-9306 on the date indicated above and is addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450:

- (1) Fax Cover Page Certificate of Transmission (1 page)
- (2) Amendment Transmittal Letter (3 pages); and
- (3) Response to Office Action and attachments (8 pages).

Please contact Anthony P. Gangemi at (203) 498-4395 regarding problems with this melling or transmission.

Trackous

Name: Anthony P. Cangemil

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Signed

Name: Anthony P. Gangemi

### AMENDMENT TRANSMITTAL LETTER

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application. The fees have been calculated as shown below:

# 1. Fee Calculation (37 CFR §1.16)

A. Entity Status					
Applicant claims S	Small Entity Status.				
B. Excess Claim Fees					
Fee Description				Fee (\$)	Small Entity Fcc (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	2.5
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100
Multiple depender				360	180
Total Claims (after		Extra	•		
Amendment) minus 20 or HP	HP 10 =	Claims  0 x  er of total claims paid	Fee (\$)  25  for, if greater than	] = [	Fee Paid (\$) \$ -
Independent Claims (after Amendment) minus 3 or HP	HP 3 =	Extra Claims  0 x er of total claims paid	Fee (\$)	] = [	Fee Paid (\$)
Multiple dependent clai			_	Fee (\$) 1	Fee Paid (\$)
C. Application Size Fee	<u> </u>				
Total Sheets (after Amendment)  minus 100	Extra Sheets  0 /50	Each additional 50 (rounded up to a whole number)	<del></del> •		Fee Paid (\$)
D. Other Fee(s)				A. <u>A.</u>	•
Description					HEREINE MARKET MARKET TO THE
E. Extensions of Time F. Termin				al Disclai	mer
Applicant requests unde extend the Period for fil application as follows:	r the provisions of 37 C ing a response in the abo	FR 1.136 (a) to ove identified	the appropri		r is attached for which
Months One month	Small E <sub>1</sub> <u>Fes</u> <u>Fee</u>   \$ 120.00   \$ 60	Total Fee	Fee \$ 130.00	Small Entity Fee \$ 65.00	
Two months Three months	\$ 1,020.00 \$ 510	5.00   S			
常語 Five months	\$ 2,160.00 \$ 1,080				
Method of Payment	of Fees	, , , , , , , , , , , , , , , , , , ,			
Check in the amo		-			
	No. 23-1665 in the am	ount of	\$	510.00	
<b>一</b>	y additional fees or o	redit overnavment to	Deposit Accoun	nt No. 23-	1665.

Date: August 5, 2005

Reg. No. 42,565

Respectfully submitted,

Neeman Malek

Signature of Attorney Anthony P. Gangemi

WIGGIN and DANA LLP

One Century Tower

New Haven, CT 06508-1832 Telephone: (203) 498-4395 Facsimile: (203) 782-2889